

MISSOURI DEPARTMENT OF SOCIAL SERVICES
SAMII PAYMENT REQUEST FORM

Mail to:

DFAS Accounts Payable (A/P)
P.O. Box 1643
Jefferson City, MO 65102-1643

DFAS USE ONLY		
EFT	PAPER	VENDOR#

***THIS FORM IS TO BE USED FOR VENDOR INVOICES PAID THROUGH SAMII ONLY; NO FORM REQUIRED FOR EMPLOYEE EXPENSES**

DIVISION	UNIT/OFFICE
DFAS	Cole
CONTACT PERSON NAME	PHONE NUMBER
Joy Benne	751-7027

VENDOR/PAYEE NAME	AMOUNT OF PAYMENT
Alliance For Life - Missouri Inc	\$179,194.85

CONTRACT, ER, OR PG NUMBER <i>(if applicable)</i>	CS170042001/
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CODING INFORMATION:	
ORGANIZATION CODE(S) TO BE CHARGED:	3155
DESCRIPTION OF CODING OR FUNDING SOURCE <i>(Indicate the exact words from coding sheet):</i>	
ALTERNATIVES TO ABORTION	
GR 100% 0101 886 3155 2955 1536 Q221	

SPECIAL INSTRUCTIONS FOR PAYMENT, IF APPLICABLE
July 2018 Payment

DFAS USE ONLY--DO NOT WRITE/MARK BELOW
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ENCUMBER:	DATE:
PURCHASING:	
PO#	COMM LINE: INIT/DATE:
ACCOUNTS PAYABLE	
DATA ENTRY:	APPROVAL:

Alternatives to Abortion Invoice

"ORIGINAL"
Only Invoice Available

Contract # CS170042001

Vendor Name: Alliance for Life - Missouri Inc

Vendor Number: [REDACTED]

Vendor Address: P.O. Box 65 - 487 SW Ward Rd
Greenwood, MO 64034 - Lee's Summit, MO 64081

Bill To: Missouri Department of Social Services
Division of Finance & Administrative Services
221 W. High St., Room 310
P.O. Box 1082
Jefferson City, MO 65102-1082

Invoice Number: 2019-01

Invoice Date: 1-Jul-18

Service Period: July 01 - July 31, 2018

<u>Total Contracted Allocation</u>	<u>Prior Invoiced Total</u>	<u>Monthly Award Amount</u>
\$ 2,150,338.14	\$ -	\$ 179,194.85

Quarterly expenditure adjustment:

Total Due: \$ 179,194.85

Allocation Remaining \$1,971,143.30

Signature: Marsha J. Middleton

01 JUL 18 8-50AM '18

Approved
8-3-18
J. E. Berne